

North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Michael F. Easley, Governor

Richard J. Visingardi, Ph.D, Director

Carmen Hooker Odom, Secretary

February 3, 2004

TO: Area Program/LME Community Planning Designees

FROM: Lisa Haire, Team Leader

State Operated Services

RE: Clarification and Correction to Community Plan Format Information

We have received several questions about the Community Planning Model for downsizing of state operated mental retardation centers. We also discovered typographic errors in our last information distributed to you that included the framework for submitting your community expansion plans.

In order to clarify, we would like to reiterate that:

- The list of consumers you submitted in December represent the needs for community expansion that you will be developing with your community planning models.
- The community planning models will be funded with Trust Fund dollars that should be able to be expended by June 30, 2004.
- The process supposes that consumers will be moved to the community as the community expansion plans are implemented.

Some area programs have reported that they included consumer names on their December list only if they expected to be able to place the consumers prior to June 30, 2004. The community expansion plans, to be submitted to the Division in March, should identify consumers who will be moved to the community as the expansion plans are being implemented.

The memo and information you received from Dr. Slawinski included two typographic errors. The date at the top of the memo was January 30, 2003 when it should have read January 30, 2004. On the front page of the first attachment (headline "Community Planning Information"), in the first numbered element titled "Individuals to be Placed" the first sentence also has an error in the date. The sentence says that "the enclosed Individuals Targeted for Community Placement grid identifies individuals targeted for community placement... by June 30, 2004." It should read "targeted for community placement... by June 30, 2005."

cc: Area/LME Directors Carol Donin MRC Transition Coordinators LME Team

MAILING ADDRESS: 3006 Mail Service Center Raleigh, NC 27699-3006 LOCATION: Albemarle Building 325 North Salisbury St. Raleigh, NC State Courier: 56-20-24

Telephone 919-733-3654 FAX Number 919-508-0955



North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Michael F. Easley, Governor

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January 30, 2004

TO: Area/LME Directors

Area Program/LME Community Planning Designees

FROM: Stanley A. Slawinski, Ph.D, Chief

State Operated Services

RE: Community Plan Format

As community planning efforts continue, area programs/LMEs are in the process of developing their plans for developing community capacity, identifying costs, and revising, as necessary, the list of individuals targeted for community placement. The community planning memo by Dr. Visingardi of October 23, 2003 states that the Division will provide a format for the submission of the plans. The enclosed documents comprise the template for which community plans are to be submitted.

Community plans are due no later than March 1, 2004. Questions regarding plan submission can be addressed to Carol Donin or Lisa Haire at 919-733-3654 or via email at first name.last name@ncmail.net.

SAS/cd

Enclosures: Community Planning Information form

Individuals Targeted For Community Placement grid

Community Planning Cost Information grid

cc: Secretary Carmen Hooker Odom (w/o attachments)

Lanier Cansler (w/o attachments)

James Bernstein (w/o attachments)

Richard J. Visingardi, Ph.D.

DMH/DD/SA Executive Leadership Team

Carol Duncan Clayton, NC Council

Robin Huffman, NCPA

Bob Hedrick, NC Providers Council

Patrice Roesler

Dick Oliver

MRC Transition Coordinators

State Operated Services staff

LME Team staff

Advocacy Advisory Group

State Level Work Group

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COMMUNITY PLANNING INFORMATION

Plan due by March 1, 2004 SEND PLAN TO:

Carol Donin

State Operated Services 3006 Mail Service Center Raleigh, NC 27699-3006

NAME OF	
AREA/COUNTY	
PROGRAM:	
CONTACT PERSON	
NAME:	
TITLE:	
ADDRESS:	
PHONE NUMBER:	
FAX NUMBER:	
EMAIL:	

INSTRUCTIONS: Complete the Area/County Program identifying information above and attach documents to meet the elements as stated below. Submit completed plans as indicated above, with a copy to your LME Team Liaison.

ELEMENTS TO BE INCLUDED IN THE COMMUNITY PLAN

- 1. **Individuals to be Placed:** Complete the enclosed *Individuals Targeted for Community Placement* grid to identify the individuals targeted for community placement, per quarter, by June 30, 2004. It will be based on the list submitted in December 2003, plus or minus any modifications
- **2. Planning Process:** Attach a narrative that briefly describes the Area/County Program's planning process, including problems encountered and efforts that went well. Provide an overview of the community leaders and systems that were involved, including a description of how the Area/County Program brought providers together, including additional provider network development efforts.
- **3.** Community Capacity: Attach a narrative that identifies and describes the community capacity that will be in place to address the aggregate needs of the individuals to be placed, including types and amount of new supports and services. Describe the supports and services that are currently in place.
- **4.** Costs: Complete the enclosed *Community Planning Cost Information* grid (this will also be sent via email, as it is an Excel spreadsheet) to identify and describe costs: start-up, transitional and annual.
- **5. Diversion:** Attach a narrative that describes the Area/County Program's plan for diminishing the need for admissions to the MRCs as a result of community capacity expansion and reorganization.

Individuals Targeted for Community Placement

Name of Area/County Progran	1:	Date of Report Submission:			
Name of Individual	MRC Moving From	Type of Community Placement To adult care home, alternative family living, ICF-MR group home, natural family, supported apartment, other -please indicate	Projected Move Date		

Community Planning Cost Information

Area/County Program Name:			Contact Person:		
Item # 1.	Community Capacity to Be Developed (Brief Narrative Description)	Categories of Cost Salaries (List Positions by Classification):	Telephone: Start-Up Costs for Months	Annual Operating Costs	Transition Costs (attach explanation of need for transition)
		Total Salaries Fringe Benefits Contracted Services Supplies Cost of Space - Utilities, Rent, Janitorial Communications- Phone, Postage, Printing Other Costs Equipment (list):			
		Total Expenditures			
		Projected Revenue (list by source):			
		Total Revenue			
		Net State Funds Needed			